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CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Ble	ek I for any change of address)	pape	: A certificate of mailing s) Transmittal. This certif rs. Each additional paper, its own certificate of mai	, such as an assignmen	domestic mailings of the r any other accompanying t or formal drawing, must
34904	7590 05/16/2007 Certificate of Mailing or Transmission					
CANON U.S.A. INC. INTELLECTUAL PROPERTY DIVISION 15975 ALTON PARKWAY 1RVINE, CA 92618-3731 1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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				() 0,00 (1	1/4	(Signature)
			<u> </u>	V 6/8/0	77	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/658,958 09/09/2003			Akihiro Ouchi		CFA00006US	3512
APPLN, TYPE	SMALL ENTITY	JS, METHOD OF CONT	PUBLICATION FEE DUE	PREV, PAID ISSUE FEE	YSTEM TOTAL FEE(S) DUE	DATE DUE
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nonprovisional			·		31700	06/10/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,353). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of sirely first theying as a members.			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Canon Kabushiki Kaisha Tokyo, Japan						
Please check the appropriate assignce category or categories (will not be printed on the patent):						
4a. The following fee(s) I Isane Fee Publication Fee (Advance Order -	No small entity discount	pennitted)	b. Payment of Fee(s): (Please first renpply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502456 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature			Date 6/7/07 Registration No. 40,042			
Typed or printed name SIVON KAIMINOV Registration No. 40,042						

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